

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005038

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 54

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H.		d. STREET ADDRESS 313 W. Scott	
3. NAME OF DECEASED (Type or print) First Walter Middle Sullivan Last Sullivan		4. DATE OF DEATH Month Feb. Day 13 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-9-1897
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Orderly		10b. KIND OF BUSINESS OR INDUSTRY Hosp. aid	
11. BIRTHPLACE (City and state or country) Erie, Penn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Sullivan		13b. MOTHER'S MAIDEN NAME D.K.	
14. NAME OF HUSBAND OR WIFE Mabel (Rigdon) Sullivan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give year or years) W.W. 2	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Walter Sullivan, Kirksville, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory collapse DUE TO (b) Hypertensive vascular disease DUE TO (c) 1 year Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 1/2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9 a.m. 1 p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kirksville Mo	
21. I attended the deceased from Nov 1962 to Feb 13, 1963 and last saw him alive on Feb 13, 1963 Death occurred at 9 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M. T. Luten	
22b. ADDRESS Kirksville Mo		22c. DATE SIGNED Feb 13-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-15-1963	23c. NAME OF CEMETERY OR CREMATORY Center Cemetery	
23d. LOCATION (City, town, or county) Adair Co. Missouri		23e. DATE RECD. BY LOCAL REG. Feb. 15-63-	
24. FUNERAL DIRECTOR Davis & Davis, Kirksville, Mo.		25. REGISTRAR'S SIGNATURE Doris W. Ratliff	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 25 1963

M. T. GATESON, D.O.

No permit issued.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert B. Harris

Licensed Embalmer No. 4219

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.